STATE OF MICHIGAN DEPARTMENT OF ATTORNEY GENERAL



5TH FLOOR SOUTH, CONSTITUTION HALL 525 WEST ALLEGAN STREET LANSING, MICHIGAN 48913

Sunday Day 0 - 1900 hrs:

Mr. Xray, a 38 year-old male, is delivered by ambulance into a negative flow Emergency Department (ED) room at Gratiot Hospital (100 bed), located in Port Huron, Michigan. He has a three-day history of high fever (100.1°F-102.5°F), malaise, body aches, vomiting and a one-day history of rash on his hands and feet. Family reports that patient has slight cough from a recent upper respiratory infection, and is a heavy smoker with a history of heart disease. Family believes Mr. Xray may have chickenpox. He had been exposed two weeks earlier to a niece with chickenpox and stated to family he has no recollection of having had chickenpox as a child.

The ED physician orders a test for chickenpox and admits Mr. Xray for dehydration, citing possible complications from chickenpox. In the past few weeks, all hospitals have been extremely busy with influenza and other upper respiratory patients. Mr. Xray is held in the ED for several hours until a room is available. He is later placed in the Intensive Care Unit, in isolation, until chickenpox is ruled out. A consult is requested from the Detroit Medical Center (DMC) - (Gratiot Hospital is a part of DMC system) with an Infectious Disease (ID) physician and dermatologist. The DMC is located 60 miles south of Port Huron, thus consultation is not expected until later that night or tomorrow.

Monday Day 1 - 1200 hrs:

Mr. Xray's condition has worsened. A dermatologist from DMC visits Mr. Xray and expresses concern about the rash, which has now become pustular and has spread from the hands to his forearms. The dermatologist is a member of the DMC HealthCare Worker Smallpox Response Team. (She is a Canadian citizen and, therefore, was not vaccinated as part of the US National Vaccination program.) The dermatologist agrees that the rash could be atypical chickenpox rash, however she undertakes to rule out smallpox and orders culture of lesions.

The dermatologist notifies the ID physician for the DMC Smallpox Response Team. She is currently on vacation. The dermatologist notifies the Region 2N Smallpox Planning Team to arrange a consult with an ID physician that has participated in the Michigan Smallpox Vaccination Program. An ID physician from the University of Michigan is contacted and agrees to see patient. The ID physician contacts the Michigan Department of Community Health (MDCH) and prepares to drive to Port Huron. (2 hour travel time).

MDCH alerts the local health departments, MDCH agencies and Sarnia of the situation via the Michigan Health Alert Network. Information is cited highly confidential and not for further distribution. The Weapons of Mass Destruction (WMD) Coordinator for the FBI is also contacted.

The State Emergency Operations Center is activated with representatives of the Governor, Attorney General, Supreme Court, Community Health, State Police among others.

Day 1 - 1800 hrs:

Phlebotomists from the ED alert medical technicians in the hospital laboratory that Mr. Xray is suspected of having smallpox case. The lab notifies the hospital's Infection Control Department and informs them that the staff is not vaccinated and is unwilling to handle additional lab samples.

Gratiot Hospital has instituted measures for "lock down" pending further testing. Ambulances are diverted to other hospitals over 60 miles away. Several workers, a number of them single parents, are demanding that they go home and some employees leave the hospital.

Day 1 - 2100 hrs:

The ID physician arrives in Port Huron and concurs with dermatologist that rash may be smallpox. He cultures the lesions. MDCH notifies the Michigan State Police (MSP) to facilitate having the sample flown to the MDCH lab for testing.

Day 1 - 2300 hrs:

Upon arrival to the hospital, ED staff alert the MSP pilot that the sample is suspect smallpox. Out of fear, he refuses to fly the sample, as he has not been vaccinated. The MDCH and MSP officials confirm that the sample is packaged safely and provide personal protective equipment to the pilot. MSP instructs pilot to transport the sample. Pilot refuses and notifies his union representative. The union supports the pilot's decision.

Tuesday Day 2 - 0600 hrs:

The FBI WMD Coordinator (a vaccinated member of the MDCH Public Health Response Team) arrives and agrees to deliver the sample to the MDCH labs by automobile (2 hours travel time to Lansing) The MDCH lab notifies the Centers for Disease Control & Prevention (CDC) of the impending sample.

The St. Clair County Health Department dispatches a nurse to the hospital to interview the patient and his family. A vaccinated FBI agent requests to participate in interviews, as previously agreed upon between MDCH and FBI. The nurse and FBI agent obtain the following information, and share it with MDCH and FBI WMD Coordinator:

It is learned that Mr. Xray had attended a travel agency business meeting ten days ago in Detroit. This meeting had attendees from several states and Canada. Last Monday night Mr. Xray and his wife, who is pregnant in her third trimester, rode the "People Mover" to an evening dinner with several attendees of the conference. During the interview Mrs. Xray recalled that while the group of travel agents and their spouses were riding on the "People Mover", they noticed a gentleman in the front of their car who took what appeared to be an aerosol inhaler and subtly sprayed a fine mist over his shoulder toward the patient and his colleagues.

During the interview, Mr. Xray recalls three additional travel agency personnel were also on the "People Mover". One male (Mr. Adam) was from the Pontiac/Flint area, Mrs. Boston was from Windsor, and he had no idea where Miss Charley was from.

Several healthcare workers who were exposed to Mr. Xray were from Canada, and had gone home prior to the lock down. They are instructed to stay home as the hospital has been shut down. Rumors begin to circulate through US and Canada that a terrorist has released smallpox in Michigan and Windsor officials request a border closing, which is denied pending the results of CDC testing. The media begins reporting that Windsor has posted guards and is blocking entrance into Canada in defiance of Canadian and US Border Patrol.

The media are now fully aware of the potential for a positive smallpox sample and they have requested information from the MDCH and the St. Clair County Health Department. They have requested any and all documents, notes, memos, recordings, e-mails (including trash) associated with smallpox occurring after day 0. They request ASAP and asked that costs be waived. They have asked that the department respond within the hour. They have called the media persons at the health departments and have contacted the FOIA coordinator.

Day 2 - 1200 hrs:

Through existing mutual aid agreements, local public health nurses from Region 2S and 2N are called to the Wayne County Health Department to assist in contacting other members of the Port Huron Travel Agency Convention. Additional FBI agents are called in to assist with the interviews.

Day 2 1500 hrs:

MDCH lab rules out chickenpox, suspects that the sample may be smallpox and arranges to have sample flown to CDC for confirmation. MSP pilots continue to refuse to fly the sample to CDC. CDC arranges to send a plane to Michigan to pick up sample with an expected arrival time, in Michigan, of 2 hours.

The Port Huron Travel Agency Association refuses to release names of those attending the business meeting. Canadian officials also need names to contact Canadian residents attending the convention.

Mr. Adam learns about the possible smallpox case and reports to Genesee County Health Department. He is not showing symptoms and is told that he and his family contacts (he has refused to name contacts) have been ordered to remain in the home, by the local health department. He refuses, saying he needs groceries and must go to work. He wants to know how he will be compensated, and who will get him groceries, if he agrees to stay home. In addition, he does not want to tell his employer and believes he will lose his job if he is away from his job for too long. A family member retains a lawyer to challenge the quarantine order.

Miss Charley is located in Mecosta County. She is in the county jail following a public disturbance complaint at a local tavern. She has begun having fevers and a subtle papular rash on her face and forearms. Before Mecosta County officials can be notified, she is taken into court for arraignment. The FBI informs Mecosta County officials that their staff, jail and court facilities may have been exposed to smallpox.

The Mecosta County jail inmates demand to be moved out of the facility.

Mrs. Boston cannot be located anywhere in the Detroit area. It is believed that she crossed the bridge into Windsor immediately after the travel agency business meeting.

Day 2 - 1700 hrs:

Local and state public health authorities implement a ring vaccination strategy (Michigan has 4,600 doses of vaccine) for travel agents riding the "People Mover" at the time of the incident, and their close contacts (this includes Canadian citizens), as well as family, hospital and ambulance personnel. CDC consults with MDCH. It is recommended that Mr. Xray's wife (in her third trimester) receive the vaccine, as well as a travel agency employee that is HIV positive. Mr. Adam and Ms. Charley refuse vaccination. Some employees at Gratiot Hospital are refusing vaccination, including a pregnant woman in her first trimester and a Christian Scientist. MDCH consults with Canadian officials to discuss vaccination of Gratiot Hospital employees that are Canadian residents.

Day 2 - 1730 hrs:

Mrs. Adam notifies the Genesee County Health Department that Mr. Adam is experiencing respiratory symptoms. She further advises that her husband has just left to drive an Amish family to Kitchener, Ontario.

Genesee County Health Department notifies MSP to put out an alert for the subject and his vehicle and advises that due to the delay in reporting the subject is either at the border or has already crossed the border into Ontario.

MSP contacts the Canadian Border Security Agency (CBSA), while public health contacts Health Canada to pass along details. *CBSA and Health Canada in turn put out alerts*.

Day 2 - 1745 hrs

Mr. Adam enters Ontario via the Detroit/Windsor border and drives to Kitchener, Ontario making a stop at the Tilbury service centre, and another stop at the Ingersoll service centre. He arrives in Kitchener and spends some time visiting.

CBSA advises that Mr. Adam has already crossed into Ontario.

A state of disaster is declared by the Governor.

The Governor's Office seeks advice from public health officials on the mass vaccination of Michigan citizens. MSP-Emergency Management Division (EMD) begins receiving calls from Oakland, Wayne and Macomb county officials regarding mass vaccination consideration. The Super Bowl is being hosted in southeastern Michigan the following weekend. A request is made by city and county officials that Michigan not implement mass vaccination fearing that hysteria will prevent people from coming to Michigan to attend the game. Tens of millions of dollars of revenue is expected in both Michigan and Canada during the Super Bowl weekend. City officials support a ring vaccination strategy to assure Canadian and US citizens that officials are in control of the situation and there is no threat to them.

Health Canada learns about the possible mass vaccination. Through previous meetings, Health Canada knows that Michigan only has 4,600 doses of vaccine. Since Canada has a large supply of vaccine, they offer Michigan 10,000 doses.

Media is reporting that Detroit is experiencing a vaccine shortage and it appears that only selected individuals will be vaccinated. The media also imply that based on this report, numerous Detroit residents are reporting there are Internet companies selling vaccine through their website. The Detroit Health Department is receiving numerous calls asking about the safety of this vaccine.

The Better Business Bureau and Attorney General's office are receiving calls of gasoline price gouging at service stations. It appears that the price increases are caused by the fear of another terrorist incident. Local authorities are receiving reports of hijacked gasoline delivery trucks. Canadian officials begin to receive reports of price gouging in Sarnia and Windsor.

Day 2 - 1830 hrs:

A joint press release from the State Emergency Operation Center (SEOC) is given and public is notified of suspected smallpox, but informed that tests are preliminary. Having not received names from the travel agency, public health authorities decide to contact the media to assist us in identifying attendees at the conference that rode on the "People Mover". The FBI demands that MDCH not release information about the location of the alleged incident, believing it will compromise their investigation. The SEOC notifies the media, requesting those attending the convention and riding on the "People Mover", on the day of the incident at 1800 hrs. to contact local public health authorities, and release patient names and the name of the travel agency to identify additional contacts. The travel agency notifies the state that it will sue as their name is now associated with the incident and they are receiving numerous calls and cancellations.

Day 2 - 2100 hrs:

After a couple of hours in Ontario, Mr. Adam begins the return trip back home, once again stopping at the Ingersoll Service Centre and then the Tilbury Service Centre.

As Mr. Adam is driving through Windsor along Ouellette Avenue towards the Detroit-Windsor Tunnel, he is pulled over by an officer with the Windsor Police Service for erratic driving. The officer, feeling that the subject might be impaired, escorts him back to the police car and places him in the rear seat. Upon checking the Canadian Police Information Centre (CPIC), the officer finds out that the man sitting in the back of his police car is the subject of an alert put out by Michigan State Police. The alert advises that anyone coming into contact with this man should immediately call their headquarters by telephone for further instructions. The officer calls in and is advised by headquarters that this male may have smallpox carrier and that a quarantine order is issued for him. The officer is advised that he should avoid any close contact with the subject. The police officer requests instructions from headquarters on what he should or should not do. The dispatcher decides to send fire and ambulance to the scene, as a precaution.

Windsor Fire & Rescue and local ambulance arrive on the scene.

The male suddenly collapses in the back seat of the police car, but fire and ambulance personnel refuse to assist due to the fact they have not been vaccinated against smallpox. The officer

requests immediate clarification on what he is to do, but headquarters is not quick with information at this point, other than telling the officer that he is to stay put and make no attempt to go to any medical facility.

Windsor Fire, ambulance and police attempt to gain further info through local public health, provincial Ministry of Health & Long Term Care and Health Canada on what the next steps are.

Wednesday Day 3 - 0700 hrs:

The dermatologist has an adverse reaction to the vaccine and is hospitalized in Windsor, Canada. Canadian health officials consult on intervention.

Other hospitals in southeast Michigan report that employees will not come to work. They notify MDCH that there are shortages of licensed and trained personnel. The Saginaw County Health Department receives word that a part-time employee from Gratiot Hospital is also employed part-time at St. Mary's Hospital in Saginaw.

Day 3 - 1000 hrs

The CDC confirms the specimen to be smallpox. The Governor's Office and MDCH agree to begin mass vaccination. The CDC is notified and additional vaccine, as well as Vaccine Immunoglobulin, is requested.

Day 3 - 1100 hrs

A notice is sent out from the CDC to MDCH announcing that many states are reporting similar outbreaks. The CDC has decided that the amount of vaccine is limited; therefore the states will have to dilute the vaccine according to CDC protocols.

Presidential Declaration of Emergency

Day 3 - 1700 hrs:

The media receives the information that CDC is diluting the vaccine and prints it in a special edition. All local and national television stations also carry the story. Canada and Ohio report that they are considering closing all their borders to Michigan. Michigan protests fearing harm to commerce, but CDC support instituting Title 42.

The news reporters are reporting that the initial vaccinations were concentrated doses and now they are using diluted doses. Many ethnic groups in southeast Michigan feel that there being discriminated against when they are given a weaker dose.

A death of a vaccine recipient due to a heart attack leads to protests and disruptions of vaccine clinic operations. Others demand vaccine. Many riots and large group meetings are generating a very hostile environment.

The health department staff at the vaccination clinics are concerned for their safety and have discussed closing the clinics until better security measures for their safety are in place.

Thursday Day 5

Mrs. Xray is rushed to hospital in labor and it is reported that this is a result of the vaccination. The baby is born with complications.

Additional cases of smallpox occur in other members identified by the public health interviews, including Ms. Charley.

Mass vaccination clinics are established throughout the state of Michigan, Canada and bordering states. Local and state public health officials are in need of additional clinic supplies. Citing the state of emergency, they circumvent standard purchasing contracts.

Friday Day 6

Mr. Xray and a woman, who was also on the "People Mover, die from complications of smallpox. Mr. Xray's body is refused by the funeral home. The family of the woman requests her body so it can be prepared for a proper religious burial.

Day 26

Public health officials report that additional cases of smallpox have not been identified and it is believed that the spread of further disease has been controlled.